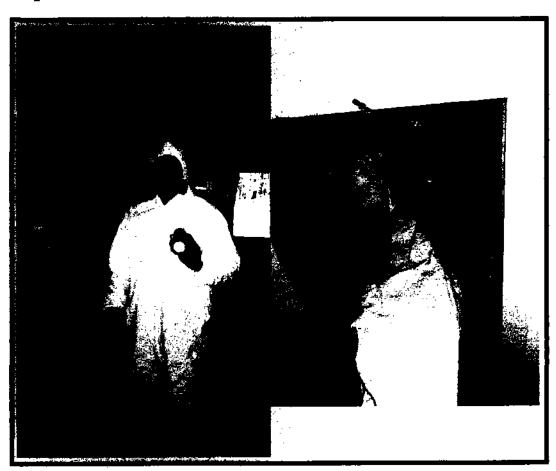
ADMINISTRATIVI RECORD

Libby Asbestos Site, Operable Unit 4 Libby, Montana

Record of Deviation/Request for Modification Forms for the Contaminant Screening Study Sampling and Analysis Plan

September 2002



Modification Forms

Record of Deviation/Request for Modification Forms for the Contaminant Screening Study Sampling and Analysis Plan

001

Jim Christiansen

Copy Number

Issued To

This is a **controlled document.** It should be carefully maintained and kept readily available. The holder identified is responsible for maintaining this document in an up-to-date condition by incorporating new sections as they become available. This document must be returned to CDM upon any circumstance that ends the need for the document.

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| 000033 | Change to Index ID Numbering Procedure | 6/10/02 |
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| 000035 | Change to Rinsates Procedure | 6/10/02 |
| 000036 | Change to Soil Field Sample Data Sheet | 6/10/02 |
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| 000039 | Change to Rinsate Preparation Procedure | 6/29/02 |
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Revision 01 9/18/2002

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| | | Table of Contents (cont.) |
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| 000048 | Change to IFF (version 4) | 7/30/02 |
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| 000056 | Change to IFF (version 5) | 9/9/02 |
| 000057 | Change to Duplicate Sample Collection Procedure | 9/13/02 |
| 000058 | Creation of Supplemental IFF | 9/13/02 |



Record of Deviation/ Request for Modification

to the

Libby Sampling and Quality Assurance Project Plan

instructions to Requester: Fax to contacts at bottom of form for review and approval.

File approved copy with Data Manager and fax copy to SRC.

| • | | |
|-----------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|
| Project QAPP (circle one): | • • | o (approval pending), c (approval pending) se II (approved 2/01) |
| | Removal Action (approved 7/00) | |
| Connection Alex Calvada and Alexander | | |
| Scenario No. (circle one): | 1 2 3 4 (NA) | |
| Requester Dee Want | <u>'n</u> | Title: CSS Task Loader |
| Company: <u>CDM</u> | | Date: 6/10/02 |
| Description of Deviation: | IFF Complotion Fundames | Documents |
| Field Logbook and page nur | nber deviation is documented on: $\underline{\mathcal{L}}$ | ogbotik # 100057 page 16 |
| MASSON INTITIONISTANT | _ | |
| not track property | a when usable printing | y sources are presents. |
| Potential Implications of this Add Honel Frocting | | |
| | | |
| Duration of Deviation (circle | one); | |
| Temporary Date(s | s);ent address(es); | · · · · · · · · · · · · · · · · · · · |
| | | |
| (comp | lete Proposed Modification Section | |
| | APP (attach additional sheets if nec | essery; state section and page numbers of |
| SQAPP when applicable): | D IFF (1) Are orman Soun | ces present at the property? |
| Durere bue prima | my sources materials lo | cated? See |
| attached to trans | gls to IFF Ourdones | Occurents |
| Tachainal Barriour | 11 Monta | Date: 6/11/02 |
| Technical Review: | nel or designate) does not apply to C | SS Date: 0/11/02 |
| | 20 | |
| Quality Assurance Review ar (Quality Assurance C | nd Approval: // / / / / / / / / / / / / / / / / / | Date: 6/12/02 |
| | Hanse- DOAN | 11.1 - |
| Jproved By: (USEPA RAM, OSC, | or SSC) | Date: |
| COLDS: W | | 1 |

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Close

From:

Warren, Dee

To:

Montera, Jeff

C¢:

Subject:

Changes to IFF and IFF Completion Guidance

Sent:

5/22/02 3:50 PM

Importance:

Normal

Changes to IFF:

Two questions were removed from the occupant information section and now only appear in the CSS assessment section. These two question are

- 1. Is there any knowledge of formed miners, close relative of miners, or any highly exposed persons living or visiting the property?
- 2. Is the resident diagnosed with an asbestos related disease?

This change was made because the questions appeared on the IFF twice.

The question: Is the resident diagnosed with an asbestos related disease? was changed to Is the resident, past or present, diagnosed with an asbestos related disease?

Two questions were added to the CSS assessment and titled "Overall Assessment". These questions were added to have a way to track if primary sources were observed anywhere on the property and the general location in which they were observed.

- 1. Are primary source materials present at the property? Yes or No.
- 2. Where are primary source materials located? Inside Outside Both NA

Changes made to the IFF completion guidance document should be apparent in the attached file.

If you have any questions, please let me know.

Dee

LIFF Guidance Revision 1.doc

Project: Libby Asbestos Remedial Investigation - Contaminant Screening Study (CSS)

Project No.: 3282-116

Document No.: CDM-LIBBY-04

Approved by:
Project Manager Date

Technical Reviewer Date

EPA Approval Date

An information field form (IFF) is to be completed for each structure located on a property. Two IFFs will be used: (1) primary structure and property assessment information field form and (2) secondary structure information field form. The IFFs are completed from both interviews with the occupant/owner and visual inspection of the structures and surrounding properties and are used to facilitate the information-gathering process (interview and visual inspection) of properties during the contaminant screening study (CSS).

Definitions:

<u>Primary structure</u> – Refers to the main inhabitable structure on a property or the main commercial structure on a property.

<u>Secondary structure</u> - Refers to structures other than the primary structure located on a property (i.e., shed, barn, detached garage with an attic, etc.). Attached garages are considered part of the primary structure.

Occupant – Refers to the person currently living in a primary residential structure or business occupying an address.

Owner – Refers to the person who owns a residential property (may or may not be the current occupant) or person who owns a commercial property.

Primary Structure and Property Assessment Information Field Form

Each entry on the IFF should be completed following the guidance procedure, and any notes on each item should be written in the notes column to the right of each data item.

Header Information

BD#: Refers to the location identification (ID) number of the structure the IFF is being completed for. The field team obtains a list of available numbers from the sample coordinator.

Field Logbook No.: The number of the field logbook that is used to record information specific to the property being assessed on the IFF.

Page No.: The page numbers in the logbook that contain information specific to the property being assessed on the IFF.

Site Visit Date: Date of site visit, in the form MM/DD/YY.

Address: The address of the property being assessed on the IFF. Addresses are to be entered in the following format:

Street number - Direction - Street Name - Street Abbreviation

Where:

Street number = the number of the street address

Direction = the abbreviation of the street direction (N, S, E, or W), when applicable

Street name = correct spelling of the street name

Street abbreviation = when applicable

Road - Rd

Avenue - Ave

Street - St

Circle - Cr

Place - Pl

Boulevard - Blvd

Highway - Hwy

Examples: 510 N Mineral Ave

1616 Rainy Creek Rd

521 Pipe Creek Rd

Structure Description: Description of the structure specific the IFF (i.e., house, trailer, garage, shed, barn)

Occupant: Name of current occupants <u>or business name</u> of the primary structure. In the case of a commercial property, the occupant information would not be completed.

Occupant Phone number: Phone number of occupant of the primary structure.

Owner: Only needs to be completed if the owner of the structure or property is different than the current occupant (i.e., renter). Required for commercial properties.

Owner Phone number: Phone number of the owner of the property. For residential properties, only complete if the owner is different than the current occupant. Required for commercial properties.

Sampling Team: Full name and company of each member of the team assessing the property (i.e., members sampling and/or completing IFF).

Field Form Check Completed by (100% of forms): To be signed, after IFF is checked by the field team member not completing the IFF.

Screening Field check Completed by (2% of forms): To be signed, after IFF is checked by the CSS task leader.

House Attributes

Property Description: Description of the property specific to the IFF being completed.

Surrounding Land Use: Description of the land use groups surrounding the property specific to the IFF being completed. Indicate all that apply.

Year of Construction: Year structure was constructed. If occupant and/or owner do not know what year the structure was complete, choose unknown.

Square Footage: Calculated from the field diagram or estimated from occupant/owner interview.

Construction Material: Material structure is constructed from. If other than wood, masonry, or stone, choose other and provide a description.

Number of Floors Above Ground: Number of floors above ground specific to the structure that is assessed on the IFF. If other than 1, 2, or 3, provide number of floors in blank. The number of floors above ground should include the attic only if it is used as a living space.

Number of Rooms Per Floor Above Ground: Number of rooms per floor that is above ground. Enter number of rooms per floor next to the floor number. If more than three floors are present, provide the information on the blank.

Basement: If a basement is present, choose yes. If a basement is not present, choose no. Basement refers to a room below ground level that a person can enter and stand upright (i.e., a crawl space is not a basement).

Heating Source: Method by which heat is produced in the structure. If a method other than wood/coal, electric, or propane/gas is used as a heating source, choose other and provide a description.

Heat Distribution: Method by which heat is distributed throughout the structure. Occupant and/or owner should be able to provide this information.

Occupant Information

Number of Adults/Employees: For residences, provide the number of adults that live at the residence; for a commercial property, provide the number of employees that work in the structure.

Number of Children: For residences, provide the number of children living there or visiting a commercial property for an extended period of time per day. for a commercial property, indicate the number of children as zero.

Years at Location: Number of years current occupant or business has occupied the structure.

Was the residence/building remodeled? Provide yes or no as an answer. If yes, provide years since remodeling and location of remodeling. If occupant/owner is unsure, provide a note in the provided space.

Has resident/business purchased any Libby vermiculite materials from W.R. Grace in the past? Based on occupant/owner interview. Provide yes or no as an answer. If occupant/owner is unsure, provide a note in the provided space.

Has the property at this location been used for a for-profit enterprise of distributing, treating, storing, or disposing of Libby vermiculite? Based on occupant/owner interview. Provide yes or no as an answer. If occupant/owner is unsure, provide a note in the provided space.

Has any present or former occupant worked at the W.R. Grace mine and/or any former processing plant? Based on occupant/owner interview. Provide yes or no as an answer. If occupant/owner is unsure, provide a note in the provided space.

Has any present or former occupant been diagnosed with an asbestos-related disease? Based on occupant/owner interview. Provide yes or no as an answer. If occupant/owner is unsure, provide a note in the provided space.

Are there any known areas of exposed vermiculite?: Base yes or no answer on occupant/owner interview and visual inspection of home. If yes, provide location of exposed vermiculite.

Indoor Assessment

Vermiculite Insulation Past or Present: Visual inspection of attic is required to answer item. If owner/occupant indicates past presence of vermiculite insulation, note in space provided and year of removal if available. Past or present presence in walls, basements, and crawl spaces can be answered from the occupant/owner interview, but this must be noted in the area provided.

Evidence of Physical Damage? Based on visual inspection of interior

Evidence of Water Damage? Based on visual inspection of interior

Evidence of vermiculite used in building materials? Based on occupant interview and/or visual inspection. If owner is unsure or visual inspection is not comprehensive, provide this information in the notes area.

Outdoor Assessment

Libby Amphibole Sources Present: Based on visual inspection of the property. If vermiculite piles, tremolite rocks, or other primary sources are observed, provide yes as the answer. If primary sources appear absent but vermiculite is observed in garden soils or other disturbed areas, provide yes as the answer with notes in the area provided.

Proximity to Other Properties with Potential Sources of Libby Amphiboles: Based on observations of nearby properties. If near properties are known to contain potential sources of Libby amphiboles, it should be noted in this data item.

Type and Frequency of Activity Near Vermiculite Material - Indoor: Based on occupant/owner interview. Frequency of contact, duration of contact, and extent of contact are required. If no indoor vermiculite present, provide this information in the notes area.

Type and Frequency of Activity Near Vermiculite Material - Outdoor. Based on occupant/owner interview. Frequency of contact, duration of contact, and extent of contact are required. If no outdoor vermiculite present, provide this information in the notes area.

CSS Assessment

Occupant Information:

- Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property? Based on verbal interview.
- Is the resident, past or present, diagnosed with an asbestos related disease? Based on verbal interview.

Indoor Information:

- Does the interior have Libby vermiculite attic insulation? Based on visual inspection.
- Did the interior ever have Libby vermiculite attic insulation? Based on verbal interview.
- Are there vermiculite additives in any of the building materials? Based on visual inspections and verbal interview.

Outdoor Information:

 Is there any evidence of primary source material near the property? Based on visual inspection.

 Could this have been tracked indoors or otherwise spread outdoors on the property? Based on visual inspections and verbal interview.

Overall Assessment

- Are primary source materials present at the property?: If any primary source (visible vermiculite indoors, outdoors; tremolite rocks, ZAI) are present answer question yes. If these primary sources are not present answer question no.
- Where are primary source materials located? Inside, Outside, Both, NA:
 NA will apply if no primary sources are present.

Additional Information

Any information concerning the presence of sources that are identified in the occupant/owner interview.

Field Diagram of Property

To include location of all structures, observed sources, and location of all disturbed areas.

Field Diagram of Primary Structure

To be completed for homes with vermiculite insulation past or present. Complete one sheet per floor and provide scale drawing of rooms.

Secondary Structure Information Field Form

All data items are discussed above. Not all items on the primary structure form are required on the secondary structure form.

Heating Source and Heating Distribution may not be applicable to a secondary structure.



Record of Deviation/ Request for Modification

to the

Libby Sampling and Quality Assurance Project Plan

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| Project QAPP (circle one): | PE Study Part a (approved 6/00), b (approval pending), c (approval pending) Phase I (approved 4/00) Phase II (approved 2/01) Removal Action (approved 7/00) CSS (approval 5/02) |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario No. (circle one); | 1 2 3 4 (NA) |
| Requester: <u>Dee Warr</u> Company: <u>COM</u> | Title: <u>CSS</u> Date: <u>6 (6) 0 2</u> |
| Description of Deviation: Change Index Description | # from CSS-##### to CS-##### |
| Reason for Deviation: | nber deviation is documented on: 10057 pgp. 19 sbaco Cumable to accept CS5-##### an an Deviation: |
| | · |
| Proposed Modification to SQ | APP (attach additional sheets if necessary; state section and page numbers of LGbeling and Identifications changes from CSS to |
| Technical Review: | Date: 6/11/02 |
| | oordinator or designate) RPM Date: 6/11/07 Title: Date: 6/11/07 |



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|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|
| Scenario No. (circle one); | 1 2 3 4 NA | |
| Requester: <u>Dee Wan</u> Company: <u>NDM</u> | ren | Title: CSS TOSK Leader Date: 6/10/02 |
| | ploton procodure | * |
| Field Logbook and page num Reason for Deviation: TO CONOCH MORE OF A PROPORTY Utential Implications of this | <u> </u> | ling primay surces |
| | • | |
| | | essary; state section and page numbers of |
| | | |
| Technical Review:(Volpe Project Manage | (er of designate) does not apply to C | SS Date: U/u/or |
| Quality Assurance Review at (Quality Assurance C | nd Approval: Sun G | Date: 6/12/02 |
| oved By: (USEPA RPM, OSC, SOAPPmodismrv3[1] doc 8/7/02 | stiase- Title: RPM | Date: 6/11/07 |

Project / Client Libby Asbestos Site-Cor Volpe Clember EPA Rogion8 ASoils Team #2: Chris Worthington and ac Bob Alexander logbook # 100071 -0.0800 Attend morning meeting - Teams depart office to begin field 0 1130 Begin completion of Modification form for CSS SAP. Field Change: 11 All field Screening and Sompline Activities EXCEPT soil sompling will be performed by the Recontram The IFE WILL BY COMPLETED by the Recon Team. The soil team will only add sample locations to the property sketch. Changes to SAP Section 4.3.31 - Visual Inspection Second paragraph will be completed by the recon team. Section 4.3.3.3-Soil Sampling Sketch Property will now be completed by the recon from. Soils from s will only add sample locations to the property sketch. Figure 4.4 - Field Tran Soil Scapling will no longer include yord stated. Change to Add sample locations to property statch.



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|------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 🔼 | |
| Requester: Dee Warm Company: CDM | <u>en</u> | Title: C55 Task Landov Date: 6/10/02 |
| Description of Deviation: | net he callected during for | st wek of here |
| Field Logbook and page num Reason for Deviation: Als kin to Onalyze So | nber deviation is documented on: | 100057 page 47 |
| otential Implications of this Delay on determining missele samples | Deviation: Mationship between oqu | ipmend Hanks and agreeow |
| | one):): <u>(a//a/o2 — until labera</u> nt address(es): <u>NA</u> | tony contract determined |
| Permanent (compl | ete Proposed Modification Section | n) |
| Proposed Modification to SQ SQAPP when applicable): | APP (attach additional sheets if n | ecessary; state section and page numbers o |
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| Technical Review: | er or designate) does not apply to | Date: 6/11/02 |
| Quality Assurance Review ar (Quality Assurance C | nd Approval: | Title Date: 6/12/02 |
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| Project QAPP (circle one): | PE Study Part a (approved 6/00). Phase I (approved 4/00) Phase Removal Action (approved 7/00) | ise II (approved 2 | 2/01) |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|
| Scenario No. (circle one): | 1 2 3 4 NA | | |
| Requester: Or Where Company: Company |) | Title: | Task Leader |
| Description of Deviation: Charge to Soil Field. | Sample Data Shoot | · | 7 |
| Field Logbook and page num Reason for Deviation: Totrack Field Equi | nber deviation is documented on: | | . 47 |
| otential Implications of this Tracking of Information | Deviation: In M Libby 12 data | poe | |
| Duration of Deviation (circle of Temporary Date(s) Reside | · · | · . | |
| Permanent (comple | ete Proposed Modification Section |) , | |
| Proposed Modification to SQAPP when applicable): SQAPP when applicable): | APP (attach additional sheets if ne | cessary; state se | ction and page numbers o |
| | | | |
| Technical Review:(Volpe Project Manage | er of designate) does not apply to | Date: | 4/11/02 |
| Quality Assurance Review an (Quality Assurance Co | pordinator of designate) | Date: | 6/12/02 |
| oved By: | Title: RPT Comment Com | C Date: _ | |
| SQAPPmodformrv3[1].doc 67/02 | / | | |

Libby_MT 6/10/02 Libby_Asbestor Sike-Cor_ EPN Regions Volpe Centr Rinsake Samples Section 7-1-rinsake samples will not be collected during first week of June doe to lock of loborotory to conduct enclysis. Rinsele scaple collection will be completed during tisturet when leberatory 15 available: Field Sample Deta Sheet - Cotegory chansed to include option for Field Bleak (lot or eguipment) to allow for better tracking of field equipment/lot blank samples. Changes to Completion of field scaple sta Sheet Completion Guidence Account: after location description add to category Field Blank (lot or equipment). Circle lot when lot blook collected from silica Sand source, circle equipment when equipment black collected at end of



6/7/02

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| rroject QAFP (circle one): | PE Study Part a (approved 6 Phase I (approved 4/00) Removal Action (approved 7/ | /00), b (approvat pending), c (approvat pending Phase II (approved 2/01) /00) (SS)(approvat 5/02) |
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| Scenario No. (circle one); | 1 2 3 4 NA | |
| Requester: Dee () a r i Company: <u>CDM</u> | ren | Title: CSS Task Leady Date: 6/10/02 |
| Description of Deviation: | where soil son | Nos ous collocted |
| Field Logbook and page num Reason for Deviation; To Add to All St Collectors. | nber deviation is documented of | ing mil sample |
| Potential Implications of this Soil 5 May 100 Au | Deviation: Craned wet at | processing cob |
| Duration of Deviation (circle of Temporary Date(s Reside | • | |
| Permanent (compl | ete Proposed Modification Sec | tion) |
| Proposed Modification to SQ SQAPP when applicable): Soe attacked. | APP (attach additional sheets | if necessary; state section and page numbers |
| Technical Review: | er dr designaté) does not appl | y to CSS Date: <u>L/11/02</u> |
| Quality Assurance Review an (Quality Assurance Co | nd Approval: \(\sum_{\text{length}} \text{C}(\) coordinator of designate) | July Date: 6/12/02 |
| USEPA RAM, OSC, | orssc) Title: RPM | Date: 6/11/02 |

Libby MT 6/10/02 Libby Asbertos Site-Cos Volpe Center EPA Region 8 Kinsate Samples Section 7-1 - rinsate samples will not be collected during first week of June do to lack of laboratory to conduct enalysis. Kinsete scaple collection will be completed during tist week when laboratory 15 urailable. Field Sample Data Sheet - Categon chansed to include option for Field Black (lot or equipment) to allow for better tracking of tield equipment/lot blank samples. changes to Completion of Field Scaple Wata Sheet Completion Guidence Account ifter location description add to category field Blank (lot or equipment). Circle lot when lot bloat collected from silica sand source, Circle equipment when equipment blank collected at audot



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|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 NA | |
| Requester: Deckhrren Company: CDM | | Title: CSS Task Leader Date: 6/29/02 |
| Description of Deviation: Structure 516+ch demmsions of th | es will only include | e approximate |
| Reason for Deviation: The information A portaine te volu the attics are Potential Implications of this | mes of remiculib li | Ketch is used to determine pulation; so only demosion |
| Duration of Deviation (circle of Temporary Date(s) Reside | | |
| Permanent (comple | ete Proposed Modification Section) | |
| SQAPP when applicable): 1000 4-6 Structure (100 1/10015 will only | APP (attach additional sheets if nec re Statch. The Skelc include approximate Hacked copy of log | |
| Technical Review: (Volpe Project Manage | er or designate) does not apply to C | Date: 7/2/52 |
| | pordinator or designate) | Date: |
| Approved By: | Title: RPM | Date: 7/2/02 |
| SCAPPmodformr/3[1].doc 9 6/7/02 | Libby Asbestos RI SAP | |

Record of Deviation/Request for Modification

Vermiculite observed on property.

1110-E-mail Jim Christiansen regarding property
at 113 W Riverside Drive Troy to provide
intermetion for letter requested by agent.

1150-E-mail Jeff Montera to add Lintoln

County Animal Shelter to priority ramphing

1433-Soils team # 3 begins sampling on

California.

1445 - Prepare Modification Form #000038:

A sketch of the structure is only to be completed if verniculite insulation is found in the home.

The sketch will be used by removed/remedial contractors to determine approx. Volume of verniculite, so this step was determined not to be need for homes not containing verniculite insulation. Also the detail required on the sketch was reduced to just require only an estimated deminsions of the atta. Changes To SAP: Page 4-6 Structure Sketch: Sketch will mo longer include all floors. Sketch will approximate deminsions of the affic.

Pag 7 of Completion of Property Information

Field Form Guidance. There will no longer be

Project/Client Libby Asbests Site

Valpe Center CPA Region &

one sheet completed perfloor. 1502 - Prepare Modification Form # 000039: Rinsale preparation method changed to EPA 100. 2. Changes to SAP: Page 6-1 section 6.1 Analytical Methods. Rhade preparation method changed to EPA Method 100 2 the analytical method will remain the same Change was made so Anst mobile Laboratory could perform the analys 5. 10.2000 1513- Prepare Midification Form #0000 49: Rinsate scimples ark dollected using locally available Deionized or distilled Changes to SAP: page 5-5 Section 5.4.2 End paragraph, 2nd to 1 pot sentance ... locally available deionized or distilled water will be justed to collect the rinsate sorple" 1540 - Prepare Modification Form 4000041: The some BO#5 will be used for a partment buildings or buildings with multiple businesses see par 711



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| Project QAPP (circle one): | PE Study Part a (approved 5 to CSS // | ······································ |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 NA | · · · · · · · · · · · · · · · · · · · |
| Requester: <u>Dee War</u> Company: <u>CDM</u> | | e: <u>C55 Tagk (pador</u> e: <u>6/2/8/02</u> |
| Description of Deviation: | proparation nothed. | to EPA Method 100.2 |
| Reason for Deviation: Method for prec | nber deviation is documented on: Log to a ration changed because of not prepare the sample SAP. | instracted laboratory |
| May Goldade and Duration of Deviation (circle Temporary Date(s | ethern Sample prepara- ed between diffrent SARs d deemed to be a minim one): | ISSUE DISCUSSED WITH |
| | lete Proposed Modification Section) | |
| Proposed Modification to SQ SQAPP when applicable): | APP (attach additional sheets if necessary | y; state section and page numbers o |
| | | |
| Technical Review: | ner or designate) does not apply to CSS | Date: 7/2/02 |
| Quality Assurance Review ar | nd Approval: | Date: 7/9/02 |
| | hristia-ce- RPM | Date: 7/2/02 |
| SQA=====formiv3(1) doc 6/7/02 | | • • |

Vermiculite observed on property.

1110- E-mail Jim Christiansen regarding property
at 113 W Riverside Drive Troy to provide
Intermetion for letter requested by against.

1150-E-mail Jeff Montera to add Lintoln

County Animal Shelter to prior y rauging
1131.

1433-Soils team #3 begins sampling on

California.

1445. Prepare Modification Form #000038:
A sketch of the structure is only to be completed if vernitulite insulation is found in the home.
The sketch will be used by removed/remedial contractors to determine approx. volume of verniculite, so this step was determined not to be need for homes not containing verniculite insulation. Also the detail required on the Sketch was reduced to just require only an estimated deminsions of the after. Changes TO SAP: Page 4-6 Structure Sketch: Sketch will re longer include all floors. Sketch will approximate deminsions of the after.
Page 7 of Completion of Property Information
Tield Form Guidance. There will no longer be

Project/Client Libby Asbestos Site

Volpe Center EPA Pagion &

one sheet completed perfloor. 1502 - Prepare Modification Form # 000039: Rinsale preparation method changed to EPA 100.2.++ Changes to SAP: Pade 6-1 section 6.1 Analytical Methods. Rinsale preparation method changed to EPAMethod 100,2 the analytical method will remain the same. Change was made so Emst mobile Laboratory could perform the analysis 1513- Prepare Meditication Form #0000\$40= Rinsate samples are dollected using locally available Deionized or distilled Changes to SAP: page 5-5 Section 5.4.2 and paragraph, 2nd to 1 pst sentance ... locally available defortized or distilled lwater will be justed to possible the rinsate sample" 1540 - Prepare Madification Form 4000041: The some BO#s will be used for a pointment buildings or buildings with multiple businesser see pg. 71המשרכים של משרים במורני



Record of Deviation/ Request for Modification

to the

Libby Sampling and Quality Assurance Project Plan

Instructions to Requester: Fax to contacts at bottom of form for review and approval.

File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): | PE Study Part a (approved 6/00), b (approval pending), c (approval pending) Phase I (approved 4/00) Phase II (approved 2/01) Removal Action (approved 7/00) CSS (approval 5/02) |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 4 |
| Requester: Der LUC Company: (DM | Title: CSS Task Leador Date: 6/29/02 |
| Description of Deviation: Locally available Collect rinsorte Sc | deronized or distilled water will be used to |
| Reason for Deviation: | er was deemed un nessay on the contaminate |
| Potential Implications of this | Deviation: |
| Ouration of Deviation (circle Temporary Date(s Reside | |
| Permanent (compl | ete Proposed Modification Section) |
| Proposed Modification to SQ SQAPP when applicable): See Attacked Copy | APP (attach additional sheets if necessary; state section and page numbers of |
| Technical Review: | or or designate) does not apply to CSS Date: 7/2/02 |
| | oordinator or designate) |
| proved By: (USEPA RPM)OSC, SOAPPmodlermr/3[1].doc | Title: RPM Date: 7/2/07 |

Vermiculite observed on property.

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at 113 W Riverside Drive Troy to provide
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1433-Soils team #3 begins sampling on

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| Location (ibby, M7 | Date 6/29/82 10 |
|----------------------------|-----------------|
| Project / Client Libby Asb | estos Site |
| Volpe Center | CPA Region & |
| | |

one sheet completed perfloor. 1502 - Prepare Modification Form # 000039: Rinsale preparation method changed to EPA 100.2. Changes to SAP: Page 6-11 section 6.1 Analytical Methods. Rhade preparation method changed to EPA Method 100 2 the analytical method will remain the same. Change was made so Ernst mobile Laboratory could perform the analys 5. 1513 Prepare Midification Form # 0000 4/0: Rinsate scimples are dollected using locally available Delonized or Histilled Changes to SAP: page 5-5 Section 5.4.2 and paragraph, and to last, sentance ... locally available desonized or distilled water will be justed to collect the rinsate sample. 1540 - Prepare Modification Form Hooso 4/5 The some BOHS will be used for apoitment buildings or buildings with multiple businesses see pgu71



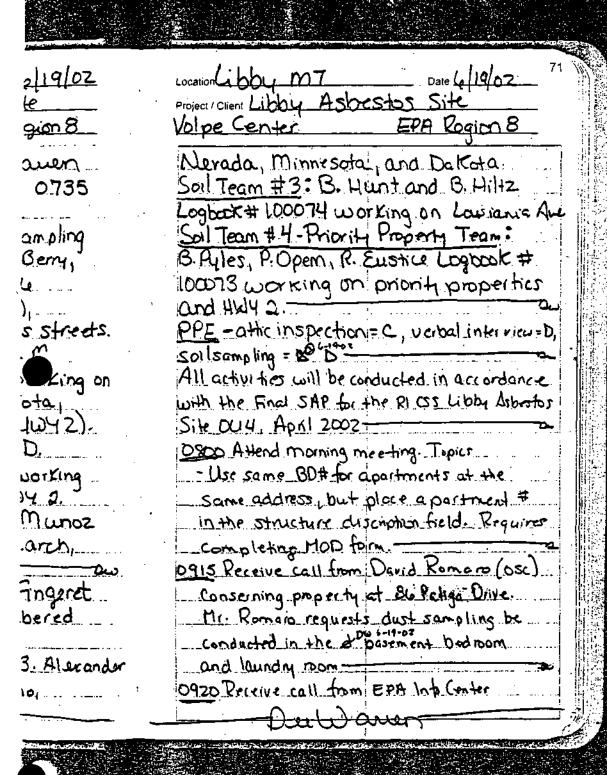
Record of Dev.2001/ Request for Modification

to the

'g and Quality Assurance Project Plan

Instructions to Requester; Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

| • | | | | - |
|------------------------------------------------------------|-----------------------------|----------------------------------------------|-----------------------------------------------------------|-----------------|
| Project QAPP (circle one): | PE Study Part a (appro | ved 6/00), b (appro | oval pending), c (approval | pendina) |
| • | Phase I (approved 4/00 | | proved 2/01) | F3, |
| | Removal Action (appro- | , , , , , , , , , , , , , , , , , , , , | • | |
| · | | , (33 (3) | <u>, p., v. c., v., v., v., v., v., v., v., v., v., v</u> | .' |
| Scenario No. (circle one): | 1 2 3 4 NA | | | |
| Requester: Dee W | anan | Title: | CSS Task Land | for |
| Company: CDM | | | 6/20/02 | |
| | | . | | |
| Description of Deviation: | | | | |
| More detail on th | e collection of BC | # The sco. | no BD# will be | , , |
| used for apartm | ent on prelimen | 2 UF the Z | remi addiogs, by | <u> </u> |
| amument # or s Field Logbook and page nu | | | | ושת תופנ |
| Reason for Deviation; | Hiber deviation is docume | red on <u>10000</u> | | |
| For database tre | cline purozes | so the s | me adduss (vi | <u>[</u> |
| not mus mus | tiple 1515 coordin | | | |
| to some building | | | | |
| Potential Implications of this | Deviation: | 11.000 | A. Chik A. | L 4-0 |
| Improved tracking | HE BUHS and a | address in | the unof late | ROSEU. |
| Duration of Deviation (circle Temporary Date(Resid | | <u>. </u> | | |
| Permanent (comp | plete Proposed Modification | n Section) | | |
| | Damb casaas addistanalas | | | ha af |
| Proposed Modification to SC SQAPP when applicable): | JAPP (attach additional si | ieets it necessary; | state section and page nu | umpers or |
| nscrt paraerand | into Road GBS | Locations S | ection on pays | 24-8 |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | _ | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| Technical Review: | 1 / Tantin | $\overline{}$ | Date: 7/2/02 | |
| (Volpe Project Maria | ger or dasignate) does no | t apply to CSS | Date. | • |
| | 1/ | | 7/5/60 | |
| Duglih: Accurance Paview a | and Annewal: | | Date: //9/02_ | |
| Quality Assurance Review a (<i>Quality Assurance</i> (| Coordinator or designate | | | - |
| James | Christia-se- | C 4 | 1 / . | |
| Luroved By: | Title: | KY~1_ | Late 7/2/07 | |
| (USEPA RPM, OSC | | • | | _ |
| CAPPmedicanov3[1] doc | • | 1 | • | |





Record of Deviation/ Request for Modification

to the

Libby Sampling and Quality Assurance Project Plan

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File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): | PE Study Part a (approved 6/00), b (app Phase I (approved 4/00) Phase II (a Removal Action (approved 7/00) CSS (a | pproved 2/01) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 NA | |
| Requester: Dee Words Company: Company: | Title Date | : <u>CSS Task leader</u> 4/29/02 |
| Description of Deviation: See page 110 To IFF form | of Logbook 100057. | Modification. |
| Reason for Deviation: | nber deviation is documented on: 1000 SISTANCY between firm co | . 0 |
| Potential Implications of this Improved Cons | Deviation: 1/5/anay for the comp | 20 then of 1FF. |
| Duration of Deviation (c. sle of Temporary Date(s) Reside | | |
| Permanent (comple | ete Proposed Modification Section) | |
| SQAPP when applicable): | APP (attach additional sheets if necessary OU AL LOS DOOK POSOD. To | |
| Technical Review: // // // // // // // // // // // // // | er or designate) does not apply to CSS | Date: 7/2/02 |
| Quality Assurance Review an (Quality Assurance Comproved By: (USEPA RIJM, OSC, Comproved By: (USEPA RIJM) RIJM (USEPA RIJM) (USEPA | d Approval: pordinator or designate) hristians- Title: SSC) | Date: 7/2/07 |
| SQAPPmodformrv3(1).doc // | • | t. |

| BD# | | |
|-----|--|--|
| | | |

LIBBY ASBESTOS PROJECT Contaminant Screening Study Primary Structure and Property Assessment Information Field Form

| Field Logbook No.: | Page No.: | Site Visit Dat | te: | |
|-------------------------------------|------------------|-------------------|---------------|----------|
| Address: | | _ Structure De | scription: | |
| Occupant: | | | Phone Number: | _ |
| Owner (if different than occupant): | | | Phone Number: | <u> </u> |
| Sampling Team: | ······ | . <u> </u> | <u></u> | |
| Field Form Check Completed by (100 | % of forms): | | <u> </u> | |
| Screening Field Check Completed by | (2% of forms): | <u> </u> | · · | |
| Data Item | | Value | Notes | ·-· |
| HOUSE ATTRIBUTES | | | | |
| Property Description - | Residential Indu | istrial Commercia | عود ا | |
| Surrounding Land Use | Residential Indu | istrial Commercia | ı | |
| | School Mini | ina | · | |
| | Other: | <u> </u> | | |
| Year of Construction | | Unknown | | |
| Square Footage | | | | |
| Construction Material | Wood frame | Masonry/Stone | | - |
| | Other: | | | |
| Number of Floors Above Ground | 1 2 3 Other | | | |
| Number of Rooms Per Floor Above | 1: 2: | 3: | | |
| Ground | Other: | <u> </u> | | |
| Basement | Yes | No _ | | |
| Heating Source | Wood/Coal Elec | tric Propane/Ga | s | |

Radiant

Other:

Other:

Forced air

Heat Distribution

| Address: | | BD# |
|----------|--|-----|
|----------|--|-----|

| Data Item | Value | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|
| OCCUPANT INFORMATION | | - |
| Number of Adults/Employees | 0 1 2 3 4 | |
| | 5-15 16-20 21-30 >30 | |
| Number of Children | 0 1 2 3 4 | |
| <u></u> | Other: | |
| Years at Location | <1 1-5 5-10 10-15 >15 | |
| Was the residence/building remodeled? | Yes No | |
| · . · | If yes, | |
| | When (years): <2 2-5 >5 | 1 ind X |
| | Where: Attic Living Areas | |
| | Garage Basement | |
| | Other: | |
| Has resident/business purchased any Libby vermiculite materials from W.R. Grace in the past? | Yes No | |
| Has the property at this location been used for a for-profit enterprise of distributing, treating, storing, or disposing of Libby vermiculite? | Yes No | |
| Are there any known areas of exposed vermiculite? | Yes No | |
| vermiculite? | If yes, | |
| | Where: Ceiling Walls | |
| | Floors Attic | |
| | Other: | <u> </u> |

| | • | |
|----------|---|-----|
| Address: | · | BD# |

| Data Item | Value | Notes |
|-----------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------|
| INDOOR ASSESSMENT | | |
| Vermiculite Insulation Past or Present | Attic: Yes No NA Unknown Walls: Yes No NA Unknown | Visual confirmation of current presence or absence required for attic. |
| • | Basement: Yes No NA Unknown | |
| | Crawl Space: Yes No NA Unknown Other: | _ |
| Evidence of Physical Damage? | Yes No | |
| Evidence of Water Damage? | Yes No | |
| OUTDOOR ASSESSMENT | | |
| Libby Amphibole Sources Present | Garden: Yes No NA | 142 |
| | Yard: Yes No NA Stockpiles: Yes No NA Other: | |
| Proximity to Other Properties with Potential Sources of Libby Amphiboles | Next door Within same block | |
| | Other:Unknown | |
| • | | |

| Data Item | Valu | e · | Notes |
|-------------------------------------|----------------------|----------------|-----------------------------------------|
| EXPOSURE ASSESSMENT | | | |
| Type and Frequency of Activity Near | Frequency: | Once a day | Not Applicable applies when no |
| Vermiculite Material - Indoor | | Once a week | vermiculite is present on the property. |
| | | Once a month | |
| | | Once a year | |
| | | Not Applicable | _ |
| ر ا | Duration of Contact: | <1 hour | |
| | | 1-2 hours | |
| · | | 2-4 hours | |
| | | >4.hours | } |
| - . | | Not Applicable | *** |
| | Extent of Contact: | Heavy | 7 |
| | | Moderate | · · |
| | , | Light | |
| | · | Not Applicable | |
| Type and Frequency of Activity Near | Frequency: | Once a day | Not Applicable applies when no |
| Vermiculite Material - Outdoor | | Once a week | vermiculite is present on the property. |
| • | | Once a month | |
| | | Once a year | |
| | | Not Applicable | |
| | Duration of Contact: | <1 hour |] |
| | | 1-2 hours | |
| | | 2-4 hours | |
| | | >4 hours | |
| | | Not Applicable |] |
| | Extent of Contact: | Heavy | |
| | 1 | Moderate | |
| | | Light | |
| • | | Not Applicable | · |

| | • | | • | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|---|
| Address:_ | a contract of the contract of | • | | BD | # |
| | | | | | " |

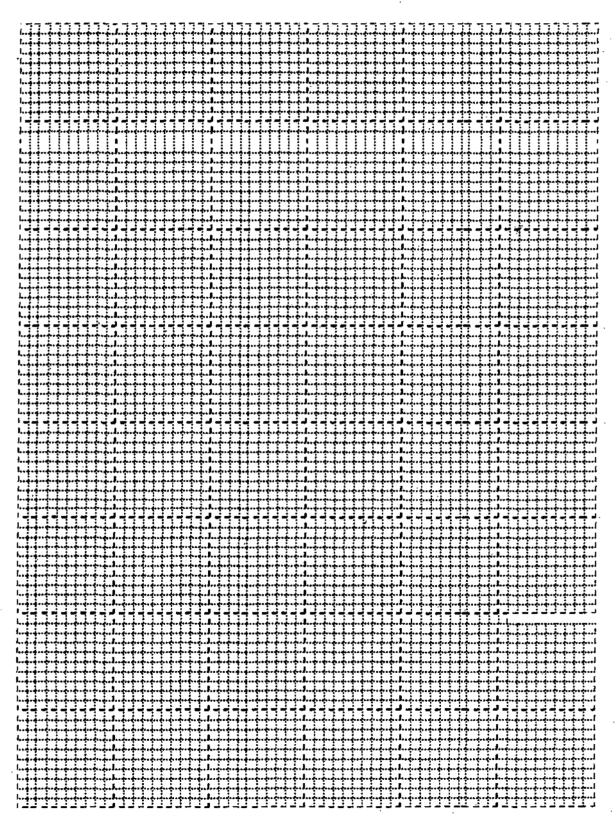
| Data Item | Value | Notes | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------|--|--|--|--|--|
| CONTAMINANT SCREENING STUDY ASSESSMENT | | | | | | | |
| Occupant Information | | | | | | | |
| Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property? | Yes No Uлклоwn | | | | | | |
| Is the resident, past or present, diagnosed with an asbestos related disease? | Yes No Unknown | | | | | | |
| Indoor Information | | | | | | | |
| Does the interior have Zonolite attic insulation? | Yes No Unknown | | | | | | |
| Did the interior ever have Zonolite attic insulation? | Yes No Unknown NA | NA applies if attic currently has ZAI. | | | | | |
| Are there vermiculite additives in any of the building materials? | Yes No Unknown | _ | | | | | |
| Outdoor Information | | | | | | | |
| Is there any evidence of primary source materials at or near the property? | Yes No Unknown | | | | | | |
| Could this have been tracked indoors or otherwise spread outdoors on the property? | Yes No Unknown | | | | | | |
| Overall Assessment | | | | | | | |
| Are primary source materials present at the property? | Yes No | | | | | | |
| Where are primary source materials located? | Inside Outside Both NA | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | • | | | |
|-----------|---|---|---|-----|
| Address:_ | • | · | • | BD# |
| | | | | |

FIELD DIAGRAM OF PROPERTY

Identify important features (i.e. drainage, trees, gardens, structures, flowerbeds, utility poles, known underground utilities, suspected Libby amphibole source areas, sample locations, etc).

NOT TO SCALE



CSS INFORMATION FIELD FORM (continued)

| | | | • | | | |
|----------|---|------|---|-------|-----|--|
| Address: | • | | • | • | BD# | |

FIELD DIAGRAM OF PRIMARY STRUCTURE

Floor of House (circle):

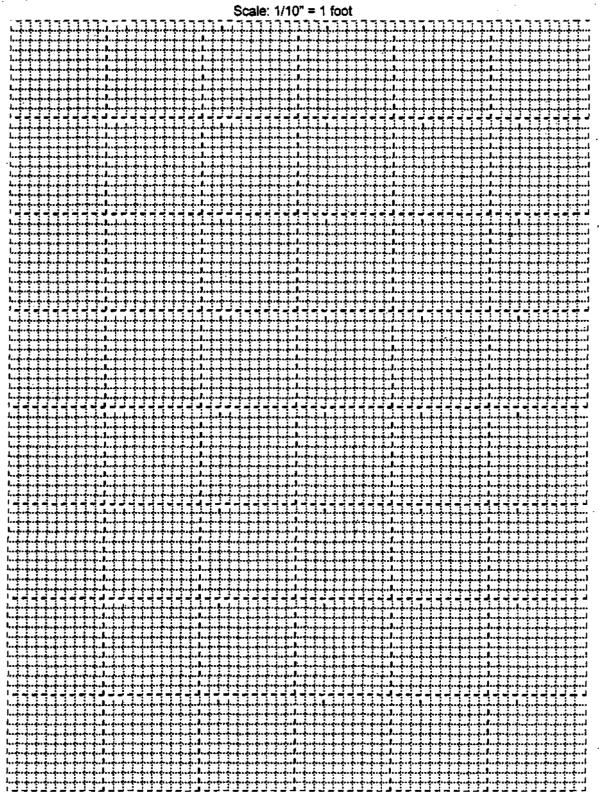
First

Second

Third

Basement

Include approximate dimensions of rooms and floor covering type. Use more than one diagram if needed. Completed only if ZAI is present.



Location Libby, MT Date 6/29/02 Project/Client Libby Ashestos Site Volpe Center EPA Region 8 4 1545 Prepare Modification Form 000042: 11 Version 3 of Primary Intermetion Field Fam. a Following changes were made to the Form 1. O Number of Adults/Employees: 0 is added) as an option to use when properties are (vacant ______ [vacant. Overse | Overse | Overse | Prosent 1. Portion of the Indoor Assessment: Unknown cadded as an option to as all categories to Juse when issue can ge question can not be BEXPOSUR ASSESSMENT: Not Applicable 1.7 added to all categories as an option. To be c used when vermiculist is not present at the 10 Did the interprever have Zundik atte "Insulation? : Question answer NA provided to be used of affic currently has ZAL 6 Question 15 there evidence of primary ¿ Source materials near the property?" changed to n 13 there are exidence of primary source ematerials at or near the property?"



Project QAPP (circle one):

Record of Deviation/ Request for Modification

te the

Libby Sampling and Quality Assurance Project Flan

PE Study Part a (approved 6/00), b (approval pending), a (approvel pending)

أسني وحيدالها الاا

Instructions to Requester: Fax to contacts at bottom of form for raview and approval.

File approved copy with _ _ _ _ _ _ _ _ _ ' ' ' ' ! ' cop/ '> `\'\\.

| Removal Action (approved 7/00) CSS (approval 5/02) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sceneric No. (circle one): 1 2 3 4 (A) |
| Requester: Dee Warren Title: CS5 Task Leader Company: CDM Date: 6/39/02 |
| Description of Deviation: Secondary Structure IFFs will be completed only when Decondary Structure. |
| Field Logbook and page number deviation is documented on: 1005) OF [[] Reason for Deviation: Secondary IFF not need for documented on when no upon the procession of the proce |
| Tential implications of this Deviation: Maner progence or absence of vermicalite in each Structure will be documented in loopsel and primary IFF |
| |
| Duration of Deviation (circle noe): Temporary Date(s): Resident address(es): Out (not in the intervention of Deviation (circle noe): Photo: 1.5 Motor (not in the intervention of Deviation of Deviation (circle noe): |
| Parmanent) (complete Proposed Modification Section) |
| Proposed Modification to SQAPP (attach additional sheets if harassary; state section and page numbers of SCAPP when applicable); 200 O The Chad Copy of Legister Pageo. |
| |
| Technical Review Volpe Project Manager or dealgna(e) does not apply to CSS |
| Quality Assurance Review and Approval: |
| Oproved By Chint are PM Date: 8/20/02 (USEPA RAM, OSC. of SSC) |
| |

PHŒ:2

Location Libby + MT Dale 6/29/02 Project/Client Libby Asbestos Site Volpe Center EPA Region 8 Ve 1545 Prepare Modification Form 000042: 111 Veision 3 of Primary Intermetion Field Form. a Following changes were made to the Form in O Number of Adults/Employees: 0 is added 11 as an option to use when properties are Cvacant. Quene Vermiculite Insulation fast or Appoint Portion of the Indoor Assessment: Unknown added as an option to ad all cotegories to Luse when issue clan as question can not be BEXPOSUR Assessment: Not Applicable Tadded to all categories ar an option. To be used when vermiculite is not present at the 10 Did the intemprever have Zundik atte "Insulation :: Question answer NA provided to be used if athic currently has ZAL 6) Question " 1s there evidence of primary Source materials near the property?" changed to 15 there are exidence of primary source materials at or near the property?" 1629 Prepare Modification Form 0,000 43: Secondary Structure IFFs are to be completed

| Location Libby M.T | Dal6/29/02 111 | İ |
|---------------------------|----------------|---|
| Project / Client Libby As | bests Site | |
| Volpe Center | EPA Bogions | |

only if vermiculite is observed in that structure otherwise the lock of vermixulite in a secondary structure should be nited in the Changes to SAP: page H-6 3rd paragraph". IF will be completed for i every building located within the property: boundary." Will be change to "... IFF will be completed tot every primary structure and secondary offrections es only when verniculist is present in the seconday structure. 1700- Teams return to office to complete peperwart.



to the

Libby Sampling and Quality Assurance Project Plan

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File approved copy with Date Manager and fax copy to SRC.

| P! | E Study Part a (approved 5/00), b (approval pending), c (approval pending) hase I (approved 4/00) Phase II (approved 2/01) emoval Action (approved 7/00) CSS (approval 5/02) |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario No. (circle one); 1 | 2 3 4 NA |
| Requester: DE Marre Company: NOM | Title: <u>CSS Task Leado</u> - Date: <u>7-15-02</u> |
| Field Logbook and page number Reason for Deviation: | not upplied and the intermitation of the property of the formation of the formation of the continue of the deviation is documented on: 10057 paragraph 132 |
| stential Implications of this De | viation: |
| Duration of Deviation (circle case): | addrees(as): |
| Permanent Complete | Proposed Modification Section) |
| Proposed Modification to SQAP sqapp when applicable): 5.4-500000000000000000000000000000000000 | P (attach additional sheets if necessary; state section and page numbers of St. Sample Collection - See attached |
| Technical Review: VA | or designate) does not apply to CSS Date: 7/19/62 |
| Quality Assurance Review and A (Quality Assurance Coor | Approval:Date: 7/19/02 |
| roved By: (USEPA RPM, OSC, OF S | 2282-116-PP-SAMP-15211 RPM 18: 8/20/0 Z Libby Assistant RI SAP |
| 67/02 | 7/19/2002 |

Location Libby MT ... Date 7-15-02 Project/Client Libby Asbestos Site
Volpe Center EPA Region 8 0715 Review paperwork completed 7-13-02 0800 Atlend morning meeting. 0900 Roceive Call from Information Center: Rose Woods C1248 Nevada 293-4724 infor Shawn Oliveria (Rican #3) 1000 Receive cast from Angela Franciscon regarding Mod form heed for not using 1027 Prepare modification form #0000 4334 Alconox detergent wo 715-02 is not being used a part of the decontamination procedures. Modification To SAP: Site Specific SOP for Soil Sample Collection page 6, first paragraph: "Washing & hould be performed by use of deibnized water.



Request for Modification
to the
Libby Sampling and Quality Assurance Project Plan

Instructions to Requester: Fax to contacts at bottom of form for review and approval.

| • | | , | | |
|-----------------------------------------|------------------------|---------------------------------------|----------------------|--------------------------|
| פוסופנו שארר ומוספ פ | • | | | g), c (approval pending) |
| | Phase I (appr | | se II (approved 2/0 | |
| • | Romoval Act | ion (approved 7/00) | CSS (approval 5/0) | 9 |
| Scenario No. (circle o | ne): 1 2 3 | 4 (1) | • | |
| Requester: Dee M | Jarren | | THE COS " | lask Leader |
| | HOLLELY | | | |
| Company: <u>CDM</u> | ' | | - nate: | |
| Qescription of Deviation | no' - | | • | <u></u> |
| SOL SAMOLES | inili de Shio | ped in cooler | - Imed wit | h garbage |
| bags. The a | orbage bags | i will be se | aled with | a rustoall. |
| Field Logbook and pa | ae number devietan | ls documented on: | 100057 0 | nac 132-133 |
| RESSON TO: UEVISION: | | | _ | 3 |
| Another Step | to insure | zamples or | e Kept Linde | t booter |
| त्राक्रक्तम् पत्र | in their dis- | received ar | THE MODICE | 27014. |
| Potential Implications | of this Deviation: | , , | | • |
| None | | | | |
| | | | | |
| Duration of Deviation | (circle one)· | ٠. | • | |
| | Date(s); | | <u> </u> | <u> </u> |
| • • • • • • • • • • • • • • • • • • • • | Resident address(co | s): | | |
| Permanent | (complete Proposed | Modification Section | 5) | : |
| (division) | (-a/(/brain () ahaaan | , , , , , , , , , , , , , , , , , , , | , | |
| Proposed Modification | to SQAPP (attach a | n il etsene lenotibb | ecessary; state sect | ion and page numbers of |
| SQAPP when applicat |)(e): | . v | | • |
| As attached | coon or rosi | over badezi | | <u></u> |
| | | | | |
| | vm 0/2 | | 7 | |
| Technical Review: | WH STA | J. J. S. | Date: | 2/9/02 |
| (Volpe Project | Manager or designat | e) does not apply to | | |
| , | | 18 5 | | ماها |
| Quality Assurance Rev | | <i>Y</i> / | Date: | 1/11/102 |
| (Quality Assura | ance Coordinator or d | designate) | , | |
| ピープル | Chistinasi- | | 1 RPm. | |
| roved By: | 000 - 000 | Title: 8/20 | 107 i.s | |
| (USEPA RPM), SQAPPROGISHINATI) dec | USU, OF SSU) | <i>I</i> (| | |
| 8/7/23 | | , | | |

ESK-2K.

continu Libby MT Date 7-15-02 Volpe Conter EPA Region 8 0715 Review paperwork completed 7-13-02 0800 Atland morning meeting. 0900 Roceive Call from Information Center: Rose Woods @1248 Nevada 293 - 4724 would like to schooling an appointment. Inter Shawn Oliveria (Ricon #3)-1000 Receive call from Angely Franciscon regarding Mod form heed for not using AHCONON as part of degon. 1027 Prepare modification form #0000 434 Alconox detergent with ristor is not being used as part of the decontamination procedures. Modification To SAP: Site Specific SOP for Soil Sample collection page 6, 4157 paragraph: "Washing should be performed by use of deibnized water."
1050 Retinguistre 7-1503 Fax MbD form DOOCHY to Angela Frandsen and George Pelullo-1052 Relinquish Mon form #000044 to Torry 1055 Prepare Mod Form #000045-Samples ... will be shipped in cooler lined with trach bag, and trash bog will be the sealed. Modification To SAP: Page 5-6 Section

| Project/ClienLibby As be Volpe Center 5.4.6 Sample Pack | stos Site EPA Region & aging and Shipping— n to Section 1.5. |
|---------------------------------------------------------------|-----------------------------------------------------------------------|
| Procedures. 1100 Fax Mod #0000 Franciscon and Googl | 4540 Angela |
| 1107 E-mail Jeff Mod documented in Mod | ytera with modification |
| | |
| | |
| | |
| | |

1: Who MT

Modification forms 000046 and 000047 do not pertain to the CSS study and are therefore not included.

MNO . 625-4- P. 2/24



Record of Deviation/ Request for Modification

to the Libby Sampling and Quality Assurance Project Plan

instructions to Requester: Fex to contacts at bottom of form for review and approval. File approved copy with Date Manager and far copy to SRC.

| Project QAPP (circle one); | PE Study Part a (approved 6/00), Phase I (approved 4/00) Phase I (approved 4/00) Removal Action (approved 7/00) | se II (approved 2/01) | proval pending) |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|
| Scenerio No. (circle one): | 1 2 3 4 🚯 | | • |
| Requester: Dee Klas Company: COM | ፖሮሲ | Title: <u>CSS 70.9</u> Date: <u>730</u> | C Leader |
| Description of Deviation: Addition of area - to the neader po | for recording date a | sil somple ce | lection |
| To be able to dek | | 100091 page 19 Sample Collection | n occured |
| . Aential implications of this | Deviation: | | · · · · · · · · · · · · · · · · · · · |
| Duration of Deviation (circle Temporary Date) Resid | | | |
| Permanent (com | late Proposed Madification Section | m) | |
| Proposed Modification to SC SQAPP when applicable): See Add Lo | APP (attach additional sheets if n | Bossery; state section and | page numbers of |
| 1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | | |
| Technical Review; (Volpe Project Mana | ger or designate) does not soply- | Data: 7/30 | <u>&</u> |
| | Coordinator or designate) |) Date; \$720/0 | |
| Proved By: (USEFA REPM, OSC, SCAPPROGOTINISTINGS) | or SSC) Title: RPM | Dete: 2/20/ | 22 |

| BD# | |
|-----|--|
| | |

| ☐ Soil samples collected (Date: | .) |
|---------------------------------|-----|
| | |

LIBBY ASBESTOS PROJECT Contaminant Screening Study Primary Structure and Property Assessment Information Field Form

| Field Logbook No.: Page No.: | Site Visit Date: | | |
|---------------------------------------------------|---------------------------------------|--|--|
| Address: | Structure Description: | | |
| Occupant | Phone Number: | | |
| Owner (if different than occupant): | Phone Number: | | |
| Sampling Team: | | | |
| Field Form Check Completed by (100% of forms): | | | |
| Screening Field Check Completed by (2% of forms): | | | |
| Field Form Check Completed by (100% of forms): | · · · · · · · · · · · · · · · · · · · | | |

| Data Item | Value | Notes |
|---------------------------------|-----------------------------------|-------|
| HOUSE ATTRIBUTES | | • |
| Property Description | Residential Industrial Commercial | |
| Surrounding Land Use | Residential Industrial Commercial | |
| | School Mining | |
| | Other: | |
| Year of Construction | Unknown | |
| Square Footage | · | |
| Construction Material | Wood frame Masonry/Stone | |
| • | Other: | |
| Number of Floors Above Ground | 1 2 3 Other | |
| Number of Rooms Per Floor Above | 1: 2: 3: | |
| Ground | Other: | |
| Basement | Yes No | |
| Heating Source | Wood/Coal Electric Propane/Gas | |
| | Other | |
| Heat Distribution | Forced air Radiant | |
| • | Other: | |

Location Libby MT Dais 7-30-02 Project Client Libby Asbestos Ste Volpe Center EPA Region 8 0720 Check paperwork completed on 7-29-02: Check 12 IFFs completed; Check 27 IFF-recon only; check 28 FSDS-0800 Attend morning meeting 0900 E-mail A. Frandsen with # of forms checked 6 0720 and 2% Checks completed 7-29-02-1200 Bogin preparation of Mod form #000048 for new page #1 of primary IFF form. rodification to SAP: Completion of Property Information Field Form Guidance document COM-LIBBY-04 Header information insert following after BD#: soil samples (all-ected (Date:____) To be completed by soils team with the date samples are collected specific to the location of the BO# To be in the form mm/pp/yy.



Record of Deviation/

000049

Request for Modification
to the
Libby Sampling and Quality Assurance Project Plan
Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval.

| F119 8 | approved copy with Data Mai | lager and tax copy to | SKL. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| Project QAPP (circle one): | PE Study Part a (approved 6/0 Phase ! (approved 4/00) F Removal Action (approved 7/0 | Phase II (approved 2/01 |) |
| Scenario No. (circle one): | 1 2 3 4 🕦 | | |
| Requester: Dec Man | ren | | Task Coader 5-02 |
| Company: <u>COM</u> | | Date: | 1000 |
| Description of Deviation: Kenuire orinter rome | of author on each presidential folders. | age of the lost | rook that 15 |
| • | | | · .] |
| Reason for Deviation; | ber deviation is documented or | d since there now | ges are |
| seperated the one | nal author can be de | termined if a st | gnoture can not b |
| Potential Implications of this I | Deviation: | . ' | |
| Duration of Deviation (circle of Temporary Date(s) | * 1 . | | |
| Permanent (comple | ete Proposed Modification Sect | ion) | |
| Proposed Modification to SQ/ SQAPP when applicable): See Ottoched copy of | APP (attach additional sheets if | necessary; state sectle | on and page numbers of |
| | - | | |
| Technical Review:(Volpe Project Manage | er or designate) | Date: | 19/02 |
| uality Assurance Review an | d Approval: | Date: | 7/9/02 |
| | tialse- | nate: | 117/02 |
| (USEPA OSC or SSC) | المستحدث والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد | | TT |

8/19/02

Date 9-5-02 libby m T Project / Client Libby Asbestos Site EPA Regions Volpe Center IFF. Soil completed = 15; IFF Recon completed = 14-2800 attend morning meeting 0845 Updane Team tracking operadshed's with numbers of properties completed for 9:41-02 0900 Attend weekly confrance. care for project status 1247 make phone could from. EPA coul dists. 1341 E-mail Angela Francisco with number of forms checked. 1350 Begin completion of MODI FICATION FORMS reeded foulling EPA Audit Modification #600049 - printed name of outhor on each page of a logbook that will be applied and placed in a residential folder. -MOD to SOP - Requires new section in Section 5 to discribe this modification. Also need a Project-Specific Modification Completed for SOP 4-1-



000050

to the

Libby Sampling and Quality Assurance Project Plan Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval.

File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): PE Study Part'a (approved 5/00), b (approval pending), c (approval pending) Phase I (approved 4/00) Phase II (approved 2/01) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Removal Action (approved 7/00) (CSS (approval 5/02) |
| Scenario No. (circle one): 1 2 3 4 NA |
| Requester: Dee Warren Company: CDM Title: CSS Task Leader Date: 9-8-02 |
| Description of Deviation: Require North arrow on figures completed on IFFS. |
| Field Logbook and page number deviation is documented on: 100091 pg 97 and 98 Reason for Deviation: To require north arrow on figures to help with orrestation during soil sampling |
| Potential Implications of this Deviation: |
| Duration of Deviation (circle one): Temporary Date(s): Resident address(es): |
| Permanent (complete Proposed Modification Section) |
| Proposed Modification to SQAPP (attach additional sheets if necessary; state section and page numbers of SQAPP when applicable): See attached copy of los book entry |
| Technical Review. Date: 9/9/02 |
| (Volpe Project Manager or designate) |
| uality Assurance Review and Approval: Date: 1100 (Quality Assurance Coordinator or designate) |
| Approved By: RPM Date: 9/17/07 |

C:\Documents and Settings\\bby.L|BBY22\Desktop\SQAPPmocforms_Fletov3.sec

Project/Client Libby Asbestas Site

Volpe Center CPA Regions

1 FF Soil completed = 15; 1 FF Recon ___ completed=14. 0800 attend morning meeting 0845 Update Team tracking opreadsheets with numbers of properties completed for 9:4-02 0900 Attend weekly confronce coup for project status. 1247 make phone could from EPA coul lists 1341 E-mail Angela Francison, with number of forms chedled. 1350 Begin completion of MODI PICATION Forms needed fourling EPA Audit modification #5000019 - printed name of author on each begrot or lospook that will be copied and placed in a residential tolder -MOD to SOP - Requires now section in Section 5 to discribe this modification. Also need a Project-Specific Modification completed for 30P 4-1-Modification # 00050-require north appea to be included on pinpery >Ketches

| | Location | <u>ططيا</u> ، | y MT | · · · · · · · · · · · · · · · · · · · | Date | 4-5 | <u>-0⊋</u> |
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to the

Libby Sampling and Quality Assurance Project Plan Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval.

File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): | PE Study Part a (approved 6/00), b (approval pending), c (approval pending) Phase I (approved 4/00) Phase II (approved 2/01) Removal Action (approved 7/00) CSS (approval 5/02) |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 NA |
| Requester Dec Warre Company: Com | Title: CSS Task Leader Date: 9-5-02 |
| Description of Deviation: Determination of pridescripted in Section | many source volumes and product percentage at n. 4.3.31 page 4-5 parasraph 2 no not and will no |
| Reason for Deviation: | completed during reconnaissance and sampling can to garner this information accurating |
| occuratly as 1815 | roz gather this information accuratly |
| Potential Implications of this Volume estimates to will answ be gress est | removal determinations based on CSS information |
| Duration of Deviation (circle of Temporary Date(s Reside | |
| Permanent (compl | lete Proposed Modification Section) |
| Proposed Modification to SO. | APP (attach additional sheets if necessary; state section and page numbers of |
| SQAPP when applicable): | |
| See attached copy | 1 of logbook pages |
| | |
| | |
| Technical Reviews. (Volpe Project Manage | per or designate) Date: 9/9/02 |
| Quality Assurance Review an | 10 00 |
| (Quality Assurance Co | oordinator or designate) |
| Approved By: | Title: RPM Data: 9/17/02 |
| (USEPA OFC OFSSC | |

| | 10.00 |
|--------------------------------------------------------------------------------|---------|
| Project / Client Libby Abbestor Silk | 5-02 |
| Volpe Center EPA Reg | 8 m |
| Completed on IFFS | |
| -MOD TO SAP add to Field Diagrow | don. |
| Also add to top of Page 6 on IFF | |
| Identify important Leatures (i.e. north | draw |
| Modification 000051: Determination of approximate volume by estimate | D CAO |
| · section 4.3.3.1 page 45 paramaph | 2 |
| -MOD TO SAP remove di Third se | |
| of Second paracrown : "Lastege 1930 | T-4 |
| field from will record a sor the location contaminate sources on the IFF and I | ₫ |
| Lothort. | |
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00005

to the Libby Sampling and Quality Assurance Project Plan Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle | | , , . | | pending), c (approval | pending |
|---------------------------------------|-------------------------------------------|------------------------------------|------------------------|----------------------------------------|----------|
| | · • | proved 4/00) ction (approved 7/ | | | , |
| , | r torrior and it | | , (200 (20) | | · |
| Scenario No. (circle d | one); 1 2 3 | 4 (NA) | | | |
| Requester Dee V | Varren | | Title: | SS Tosk Lear | ler l |
| Company: CDM | rorror, | | Date: | SS TOSK Lead 9/5/02 | |
| | • | · · | | - | |
| Description of Deviat | iled to Volpe w | eeklu instaa | lof foxed | daily | |
| | | | | | |
| Field Logbook and pa | age number deviation | n is documented o | n: <u>100091</u> p | 998 | |
| Reason for Deviation | maes to Lov | · · Purtida : (| can not he | dene efficie | ntu. |
| 7,011,00 | 75955 10 107 | 1000 | | Dent Stirts | |
| Potential Implications | of this Deviation: | | | | . |
| IFFs are receive | ed upto seve | n days after | they are | completed. | |
| | | | | | Ì |
| Duration of Deviation | | • | | | |
| Temporary | Date(s): | os); | | | { |
| Permanent | (complete Proposed | d Modification Sec | tion) | | |
| GILLETTE | (complete proposed | Timponicanoti pac | den) | | |
| Proposed Modification | n to SQAPP (attach : | additional sheets i | f necessary; stat | e section and page nu | nupeuejo |
| SQAPP when applica See attached co | | DOGE | | | |
| | | 7 5 | | | |
| , | | <u></u> | · | ······································ | |
| Technical Review: | Tell M | Jonne | De | its: 9/9/02 | _ |
| | Mañager or designa | ate) | | 1/1/ | |
| | | | | 9/9/12 | |
| uality Assurance Re (Quality Assur | view and Approval; ance Coordinator or | designate) | | ite: 919102 | - |
| ا ال | Christiansen | | | 01-1 | |
| Approved By: | | Title: RP | M Da | ite; 9/17/02 | _ |
| (USEPA OSC | U 33U) | | | • | 1 |

Date 9-5-02 Project / Cilent Libby Abestor Volpe Center completed on IFFs MOD TO SAP add to Field Diagrom of Property instructions page 7 of Completion of Property LFF "To include north and Also add to top of Page 6 on IFF Identify important feetures (i.e. north app Modification 000051: Determination of approximate volume by estimated percentage of paduet ar described in Section 4.3.3.1 page 45 paragraph 2 will not be done. -MOD TO SAP re of Second paragraph Tasteacheros field from will record a sou the location of contaminate Sources on the odification 000052: IFF mailed to Volpe weekly not forced MOD TO SAP! Section 5.5 Forms page 5-6 lost sentand additional copy will be to ed to the Volpe Conter weet for data entry."

8/13/C2

00005



Record of Deviation/

Request for Modification
to the
libby Sampling and Quality Assurance Project Plan
Field Activities

instructions to Requester: Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

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|---------------------------------------------------------------------------------------------|----------------|--------------------------------------------|------------------|---------------------------------------|-----------------------|
| Project QAPP (circle one): | Phase I (ap) | art a (approved 6/00), proved 4/00) Pha | se II (approved | 2/01) | pending) |
| | Removal Ac | tion (approved 7/00) | CSS (approval | 5/02) | |
| Scenario No. (circle one): | 1 2 3 | ,4 (NA) | • | | |
| Requester: Dee Warr Company:CDM | ren | | Title: | 5 Tosk Lea 15/02 | der |
| Description of Deviation: USC of grid quadratic fractions programs | ant, and | section number | ers will no | st be used. | |
| Field Logbook and page number Reason for Deviation: Current parcel in include all property | mber deviation | is documented on: _ | 100091 pg | county dues 1 | 10/ |
| a grid. | | I THEN SHILLER | 76 6007 6 | · · · · · · · · · · · · · · · · · · · | - (243 /4) |
| Potential Implications of this | Deviation: | : | | | |
| | | · · · · · · · · · · · · · · · · · · · | | ···· | |
| Duration of Deviation (circle Temporary Date) | s): | | ; | | |
| Resid | ent address(e | s): | | | 1 |
| Permanent (comp | olete Proposec | Modification Section |) | | |
| Proposed Modification to SC SQAPP when applicable): See Offoched Copy | | | cessary; state s | action and page n | umbers o |
| | * | | | <u> </u> | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| Technical Review: (Volpe Project Maria | ger or designa | te) | > Date; | 9/9/02 | - |
| Quality Assurance Review a | | designate | A Date; | 9/9/02 | - |
| 11 | Listicase | - | Date: | 9/17/02 | |
| (USEPA OSC or SS | C) | | | | - |

P.12/14



to the

Libby Sampling and Quality Assurance Project Plan Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

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| Project QAPP (circle one): | PE Study Part a (approved (| 6/00), b (approval pending | i), c (approval pending) |
| | Phase I (approved 4/00) | | 1 04 |
| | Removal Action (approved 7 | The second livery with | 11 |
| | Kembyai Action (approved | 700) (C33 (approvai 3/02 | |
| | | | . ! ! |
| Scenario No. (circle one): | 1 2 3 4 (NA) | • | |
| | | 2 | 1 |
| Requester Dee W | arren | Title: <u>CS'S'</u> | Task Leader |
| Company: CDM | 1 | Date: 9-3 | 5-02 |
| - The state of the | <u> </u> | | |
| December of Decisions | | | į " |
| Description of Deviation: | All he finding a | Jank hough an | d maner to cole |
| Marks Used & del | equipment Also, eq | 1100000 1001/ 50 | ciadically be alles |
| Using alconox. | - 40111111111111111111111111111111111111 | articles of the for | TOBITO OF A CHARLES |
| | mber deviation is documented | on: | i di |
| December Devictions | : | | |
| Metal hrushes | bema used were so | cratchina equiam | ent. Plastic |
| hrushes will rem | being wed were so | it all pouromens | will also be chea |
| using alconof. | , | | |
| Potential Implications of this | : Deviation: | | į H |
| NONE | 4: | <u> </u> | |
| | | | |
| | | | |
| Duration of Deviation (circle | one): | | 1 |
| Temporary Date(| | | |
| | lent address(es): | | |
| | | ······································ | |
| Permanent (comp | plete Proposed Modification Se | ection) | |
| | , | | |
| | DAPP (attach additional sheet: | s if necessary; state section | on and page numbers of |
| SQAPP when applicable): | 1-1- bull and | | 1 |
| See wordened capy | of 109 book page | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | • | |
| Technical Review: | 1 Month | Date: 7 | 19/02 |
| (Volpe Project Maha | ger or designate) | Mare: | |
| (10,00) 10,00 | go, o, acaignais, | • | . I |
| | · · · · · / // | | 2/2/22 |
| Lality Assurance Review a | | Date: | 119102 |
| | Coordinator or designate) | v | |
| 52~ CA | ristiansen: | | |
| Approved By: | Title: R | PM Date: | 1117/02 |
| (USEPA OSC or SS | THE . | Pele | |
| C:\Documents and Settings\libay.LiBEY02\C | • | | |
| 6/19/02 | | • | |

| Location Libby MT | |
|---------------------------------------------------------------------------------------------------------|-----------------------|
| Project/Client Wbby Ashest | 05.Site |
| Volpe Conter | EPA Rogion B |
| Modification 000053: | (<u></u> |
| Area Grid will not be us | |
| -MOD TOSAP: Section | 1.3.1.2 |
| not personal or not cop | licable and L |
| Completion of FSDS (| COW-(1884-03) |
| page 3 omit referance | to Good, Quadrant |
| Section requirement. Thes | 120 7-3-0 |
| Modification DOMOSTE LLE | con blocedure |
| nd ludes 99-506 in rlud | |
| a plastic brush and p | apertowles to |
| dry equipment | (5, 5 |
| SOP for Soil Sample Co | ot sie specific |
| OUT TO CONTINUENTS | SX12671 854" " |
| (000-110AU-05) Fort | |
| (COM-CIBOY-05) tist | paragraph |
| (com-CIBOY-05) first Equipment may be drive | paragraph |
| Equipment may be dried | poragraph dusing a |
| Equipment may be dried Equipment will be per | poragraph dusing a |
| Equipment may be dried | poragraph dusing a |
| (COM-CIBBY-05) first Equipment may be dried paper towel Equipment will be per using alconox | poragraph dusing a |
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| (COM-CIBBY-05) first Equipment may be dried paper towel Equipment will be per using alconox | poragraph dusing a |
| (COM-CIBBY-05) first Equipment may be dried paper towel Equipment will be per using alconox | poragraph dusing a |



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to the

Libby Sampling and Quality Assurance Project Plan

Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): | PE Study Part a (approved 6/00), b (approval pending), c (approval pending Phase I (approved 4/00) Phase II (approved 2/01) Removal Action (approved 7/00) CSS (approval 5/02) |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario No. (circle one); | 1 2 3 4 NA |
| Requester Dee Warrel Company: CDM | Title: CSS Task Leader Date: 9/9/02 |
| Description of Deviation: Modify FSDS TO P | remove requirement of grid/quadrant/section |
| Field Logbook and page num Reason for Deviation: | Inber deviation is documented on: 100091 pg 106-107 |
| Potential Implications of this I | Deviation: |
| | |
| | APP (attach additional sheets if necessary; state section and page numbers of 108book Page |
| 15 4 | 9/10/02 |

000056



6/16/03

Record of Deviation/ Request for Modification to the

Libby Sampling and Quality Assurance Project Plan
Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): | PE Study Part a (approved 6/00 Phase I (approved 4/00) Ph Removal Action (approved 7/00) | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------|
| Scenario No. (circle one): | 1 2 3 4 NA | |
| Requester: Dee Warre Company: CDM | ren | Title: CSS 7gsh Leader Date: 9-9-02 |
| Description of Deviation: IF | F. 1 See a Hached c | opy of logbook page |
| | nber deviation is documented on: | 100091 pg 107 |
| Potential Implications of this | Deviation: | |
| Duration of Deviation (circle of Temporary Date(s | • | |
| Permanent (compl | ete Proposed Modification Sectio | n) |
| SQAPP when applicable): | APP (attach additional sheets if n | ecessary; state section and page numbers |
| | | |
| Technical Review. (Volpe Project Manag | er or designate) | Date: 9/10/02 |
| | oordinator or designate) | Date: 9//8(0 C |
| Approved By: | Title: RPM | 1 Date: 9/17/02 |

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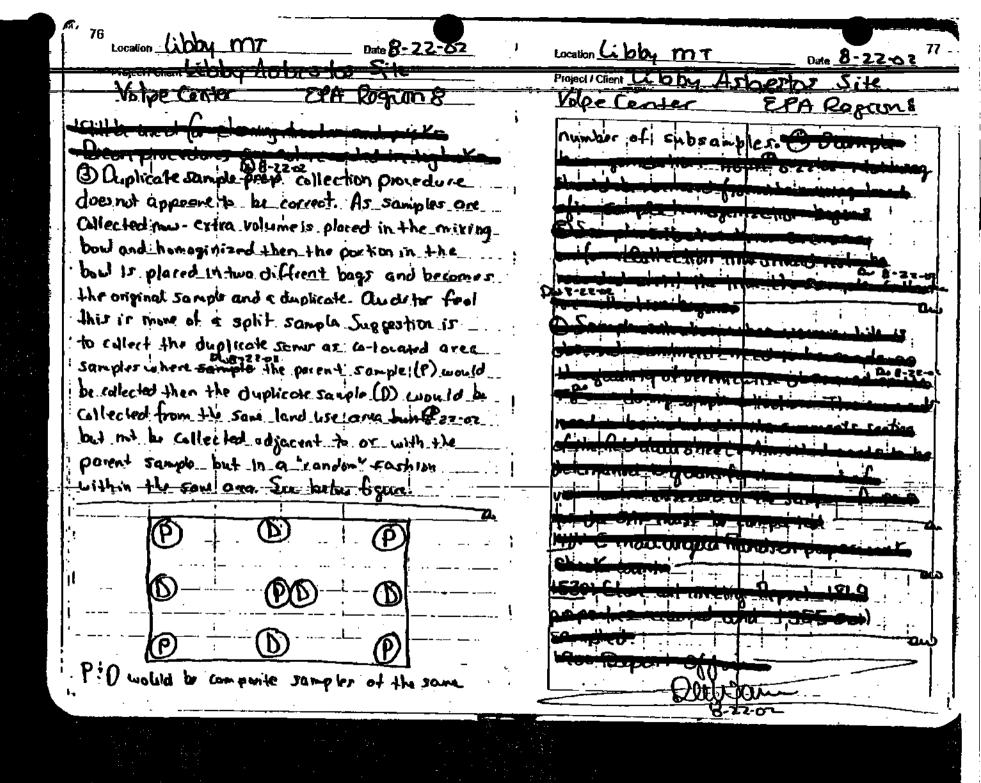
Record of Deviation/ Request for Modification

to the

Libby Sampling and Quality Assurance Project Plan
Field Activities

Instructions to Requester; Fax to contacts at bottom of form for review and approval. File approved copy with Data Manager and fax copy to SRC.

| Project QAPP (circle one): PE Study Partia (approved 6/00), b (approval pending), c (approval pending) Phase I (approved 4/00) Phase II (approved 2/01) Removal Action (approved 7/00) CSS (approval 5/02) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Scenario No. (circle one): 1 2 3 4 NA |
| Requester, Dee Warren Title: CSS Task Leader Company: Com Date: 9-13-02 |
| Description of Deviation: Duplicate Sample calection. |
| Field Logbook and page number deviation is documented on: 100091 pg. 76-77 Reason for Deviation: Sample Collection, procedure Changed (See attacked letter to Len Charge) |
| Potential Implications of this Deviation: |
| Duration of Deviation (circle one): Temporary Date(s): Resident address(ea): Permanent (complete Proposed Modification Section) |
| Proposed Modification to SQAPP (attach additional sheets if necessary; state section and page numbers of SQAPP, when applicable): Field displicable cample callection procedure and dod to Soil Sample callection Sop Concussions |
| Technical Review: |
| Approved By: (USEPA OSC or SSC) Date: 9/13/02 Date: 9/13/02 Date: 9/17/02 Date: 9/17/02 |
| C:\Decuments and Settings\ bby L BBY92\Desktop\SQAPPmodform; Fieldv3.doc |





Helena, Montana 59601 tel: 406 485-1414 fast: 406 495-1025

September 13, 2002

Iim Christiansen United States Environmental Protection Agency 999 18th Street Denver, CO 80202

Subject:

Field Duplicate Sample Collection for the Libby Asbestos Site, Remedial

Investigation (RI), Contaminant Screening Study (CSS)

Dear Mr. Christiansen:

Based on comments from Mary Goldade and an independent audit performed on the CSS during August of 2002, a change will be made in the collection procedure for field duplicate samples associated with the CSS₁₁ Duplicate samples previously collected as part of the CSS were collected by splitting a homogenized sample, and collected using the same sampling equipment. Beginning September 16, 2002, field duplicate samples will be collected using the following procedure:

A parent sample will be collected from up to 5 subsamples in a given land use area. The duplicate of this sample will be collected from the same number (i.e., 5) of randomly located subsamples in the same land use area. These samples will be independently collected with separate sampling equipment. The reason for this change is to better determine the variability of sample results in a given land use area. See Figure 1.

All previously (before September 16, 2002) duplicate samples will be referred to as field splits.

Very truly yours,

Dee Warren

CSS Task Leader Camp Dresser & McKee Inc.

se Warrer

cc: Mary Goldade (EPA)

Jeff Montera (CDM)

Angela Frandsen (CDM)

Jim Christiansen September 12, 2002 Page 2

Figure 1 Field Duplicate Sample Collection from Land Use Areas

| P | D D | p |
|---|--------|--------|
| D | p D | D |
| | | '. |
| P | D | P |

p = Subsample locations of parent sample
 D = Subsample locations of duplicate sample



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to the

Libby Sampling and Quality Assurance Project Plan Field Activities

Instructions to Requester: Fax to contacts at bottom of form for review and approval.

File approved copy with Data Manager and fax copy to SRC.

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| Project QAPP (circle | Phase I (app | art a (approved 6/00), I proved 4/00) Phas | se li (approved 2/01) | ŀ |
| | Removal Ac | tion (approved 7/00) | CSS (approval 5/02) | > |
| Scenario No. (circle | one): 1 2 3 | 4 (NA) | | |
| · • | Marren | <u> </u> | Title: <u>CSS Toss</u> Date: <u>9-13</u> | Leoder |
| Сотрапу: <u>СОМ</u> | | | Date: | |
| Description of Deviat | mental IFF for | or properties t | hd had backpa | und intermen |
| ASO KOINS COMP | leted of port of | phosel dust s | ampling program | <u>r </u> |
| Reason for Deviation | : | is documented on: / | ¥ ø : . | 7 |
| Complete II | ts are not need under ph | ided for homes | suhere a bo | els and IFF |
| Potential Implications | of this Devlation: いんど | <u> </u> | | |
| · | · · · · · · · · · · · · · · · · · · · | 1 | | |
| Duration of Deviation Temporary | • , | | i | |
| • | Resident address(es | s): | | |
| Permanent | (complete Proposed | Modification Section) | | |
| Proposed Modifications SQAPP when applications | ble): | idditional sheets if nec | | |
| see ottached | copy of logbon | Cpager and s | upp kenental 1 | FF |
| <u> </u> | | ! | | |
| Technical Review: | Jull Me | mu | Date: _ 9/ | 16/02 |
| (Volpe Project | PManåger or designa | te) / | | |
| uality Assurance Re | view and Approval; _ | INA | Date: | 111/02 |
| (Quality Assur | ance Coordinator of | lesipilate) | i | , |
| · 1 | | 1 | | |
| Approved By: (USEPA O\$C | or ssc | Title: RPM | Date: | 117/02 |

C:\Documents and Settings\\ibby.L|BBY02\Desktop\SQAPPmodformr_Fleidv3.doc an 9/02

Date 9-13-02 117 LIBBU MT Project / Cilent Libby As bester Sile Volpe Center EPA RESIONS 1011 Prepare mod Form 000058 Concerning Completion of Supplemental information field form were completed under the phose I dust sompling program. The supplemental IFF (SIFF) would capture information required of the CSS IFF that was not captured on the Phosel Background Information Field Forms (BIFF). The SIFF completed for the CSS will reference the original Phasel BIFF and all forms will be filed to sether in the rendents folder. MOD TO SAP: 09 4-5 4:3.3.1

| 118 Location Libby MT Date 9-13-0 | 2 | |
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| Project / Client Libby Asberts Site | | |
| Vulpe Center EPA Rogion 8 | | . : |
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| dust scapling program subsen a BIFF was | | _ |
| completed for the property. | | 3 |
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| information required on SIFF: Header infor | À | 2 |
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| October Assessment 41302 Vermiculite | | |
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| | Contaminant Screening Study | | |
| Primary Structure and Prope | erty Assessment Supplemental In | formation Field Form (| SP-1 |
| aki Logbook No.: | Page No.: Site Visit Date: | | - |
| idress: | Structure Descript | on: | + |
| ccupant: | Pho | ne Number | |
| wner (if different than occupant): | Pho | ne Number: | ╬ |
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| - | % of forms): | and the second s | - |
| reening Field Check Completed by (| 2% of forms): | · | + |
| Data Item | Value | Notes | + |
| ······································ | Asina | Notes | 1 |
| NDOOR ASSESSMENT | T 1 | 1 | 1 |
| ermicuilte insulation Past or Present | Attic: Yes No NA Unknown | Visual confirmation of current presence or absence required | |
| | Walls: Yes No NA Unknown | attic. | 1 |
| | Basement: Yes No NA Unknown | | 1 |
| | Crawl Space: Yes No NA Unknown | | |
| | Other: | | |
| OUTDOOR ASSESSMENT | | <u> </u> | + |
| bby Amphibole Sources Present | Garden: Yes No NA | <u></u> | + |
| nnà tambulanta controsa i tessuit | | | |
| | Yard: Yes No NA | | |
| | Stockpiles: Yes No NA | | |
| - · · · · · · · · · · · · · · · · · · · | Other: | | 1 |
| roximity to Other Properties with otential Sources of Libby Amphiboles | Next door | | İ |
| Vertical contres of Fibble Villbuildies | Within same block | | |
| • | Other: | | |
| • . | Unknown | | ŀ |
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SUPPLEMENTAL INFORMATION FIELD FORM (continued)

| Address: | | • | BD# | ¥ | |
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| Data Item | Valu | 9 | Notes |
|-------------------------------------|----------------------|----------------|----------------------------------------------|
| EXPOSURE ASSESSMENT | | | |
| Type and Frequency of Activity Near | Frequency: | Once a day | Not Applicable applies when no |
| Vermiculite Material - Indoor | | Once a week | vermiculite is present on the property |
| | | Once a month |] |
| • | | Once a year |] |
| | | Not Applicable | |
| , | Duration of Contact: | <1 hour |] |
| | | 1-2 hours | |
| | | 2-4 hours | |
| | | >4 hours | |
| | 1 | Not Applicable | |
| | Extent of Contact: | Heavy | |
| | | Moderate | |
| | | Light | |
| | | Not Applicable | |
| Type and Frequency of Activity Near | Frequency: | Once a day | Not Applicable applies when no |
| Vermiculite Material - Outdoor | | Once a week | vermiculite is present on the property |
| | } ! | Once a month | |
| · | | Once a year | |
| | | Not Applicable | |
| • | Duration of Contact: | <1 hour | |
| | | 1-2 hours | |
| | | 2-4 hours | |
| | | >4 hours | |
| , | | Not Applicable | |
| | Extent of Contact: | Heavy | |
| • | | Moderate | |
| | ' | Light | [] |
| | | Not Applicable | |

SUPPLEMENTAL INFORMATION FIELD FORM (continued)

| Address: | | - | • | BU# | ╫ | ┢ |
|--------------------------------------------------------------------------------|----------------|---------------------------------------|-------------|---------------------------------------|-------------------------|---|
| Data Item | | Value | <u> </u> | Notes | | - |
| CONTAMINANT SCREENING STUDY AS | SPESSMENT | | | | | |
| | Oce | cupant information | | | + | ┢ |
| Is there any knowledge of former miners, | Yes | | | | - | ┝ |
| close relative of miners, or any highly exposed persons living or visiting the | Unknown | , | | | | |
| property? | | • | | | | L |
| Is the resident, past or present, | Yes | No | | | | |
| diagnosed with an asbestoe related disease? | Unknown | | | | | |
| | In | door information | | | | Γ |
| Does the interior have Zonolite attic | Yes | No | | | | |
| insulation? | Unknown | | : | | | L |
| Did the Interior ever have Zonotite attic Insulation? | Yes | . No | | NA applies if attle currently ha | ZA | |
| | Unknown | NA | | | | |
| Are there vermiculite additives in any of the building materials? | Yes | No | | | | |
| ale periori di directione. | Unknown | · · · · · · · · · · · · · · · · · · · | · . | | _ | L |
| | Ou | itdoor information | | · . | ļ | |
| is there any evidence of primary source materials at or near the property? | Yes | No | | | | |
| | Unknown | · | · | · · · · · · · · · · · · · · · · · · · | - | L |
| Could this have been tracked indoors or otherwise spread outdoors on the | Yes | No | | |]. - | |
| property? | Unknown | | | | $oldsymbol{\downarrow}$ | L |
| · | Ov | rerall Assessment | | · | | L |
| Are primary source materials present at the property? | Yes | No | | | | |
| Where are primary source materials located? | Inside | Outside | | | | |
| | Both | NA | | | | |
| ADDITIONAL INFORMATION | | 17R | | | | |
| | | | ····· | <u> </u> | - | H |
| | - - | | | | <u> </u> | |
| | | | - | | | L |
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SUPPLEMENTAL INFORMATION FIELD FORM (continued)

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FIELD DIAGRAM OF PRIMARY STRUCTURE

Include approximate dimensions of attic. Use more than one diagram if needed. Completed only if ZAI is present.

